

EXHIBIT A

ISHP GROUP MEMBER LIST

EXHIBIT A

ISHP GROUP MEMBER LIST

To be provided by ISHP Group Counsel in accordance with Section III.F. of the Track Two Settlement Agreement and Release.

EXHIBIT B

CLASS DRUGS

EXHIBIT B

**CLASS MEMBERSHIP DRUG LIST: CLASS DRUGS
IDENTIFIED IN FIFTH AMENDED MASTER
CONSOLIDATED CLASS ACTION COMPLAINT**

CLASS A DRUGS

Anzemet (injection & tablets)
Aranesp
Epogen
Ferrlecit
InFed
Neulasta
Neupogen

CLASS B DRUGS

AccuNeb
Acetylcysteine
Acyclovir sodium
Adenosine
Adriamycin PFS/RFS
Adrucil
Aggrastat
Albuterol sulfate
Alcohol injection
A-methapred
Amikacin sulfate
Aminocaproic acid
Aminosyn / Aminosyn II / Amino acid
Amphocin / Amphotericin B
Aristocort / Aristospan
Aromasin
Ativan
Azmacort
Bebulin
Bioclote
Bleomycin sulfate
Brevibloc
Buminate
Bupivacaine
Calcijex
Calcimar
Camptosar / Irinotecan hydrochloride
Carbocaine / Mepivacaine
Cefizox
Chromium tr meta / Chromic chloride

EXHIBIT B

Cimetidine hydrochloride
Cipro / Ciprofloxacin hydrochloride
Cisplatin
Claforan
Cleocin T / Clindamycin phosphate
Copper trace / Cupric chloride
Cromolyn sodium
Cytosar-U / Cytarabine
Depo provera / Medroxyprogesterone acetate
Depo-testosterone / Testosterone cypionate
Dexamethasone acetate / Dexamethasone sodium / Dexamethasone sodium phosphate
Dextrose / Dextrose sodium chloride / Ringers lactated with dextrose
Diazepam
Dicarbazine (dtic – dome)
Diltiazem hydrochloride
Dopamine hydrochloride
Doxorubicin / Doxorubicin hydrochloride
DTIC Dome
Eligard
Ellence / Epirubicin HCL
Enalaprilat
Enbrel
Epinephrine
Erythromycin / Erythromycin base
Estradiol
Etoposide
Famotidine
Fentanyl citrate
Fluorouracil
Fluphenazine HCL
Furosemide
Gamimune N / Gammagard / Gammagard S/D / Gammar / Gammar P.I.V.
Gentamicin sulfate
Gentran / Gentran NACL
Glycopyrrolate
Helixate / Helixate FS
Heparin / Heparin lock flush / Heparin sodium
Humate-P
Hydromorphone
Idamycin / Idarubicin hydrochloride
Imipramine HCL
Intal
Ipratropium bromide
Iveegam
Ketorolac / Ketorolac tromethamine
Kineret
Koate- HP
Kogenate
Labetalol

EXHIBIT B

Lasix
Leucovorin calcium
Leukine
Levofloxacin
Lidocaine hydrochloride
Liposyn II / Fat emulsion
Lorazepam
Lovenox
Lyphocin
Magnese chloride
Magnesium sulfate
Mannitol
Marcaine
Medrol / Methylprednisolone
Metaproterenol sulfate
Methotrexate sodium
Metoclopramide
Midazolam hydrochloride
Mithracin
Monoclate / Monoclate-P
Mononine
Morphine sulfate
Nadolol
Nalbuphine
Nebupent
Neosar / Cyclophosphamide
Neostigmine methylsulfate
Novacaine / Procaine
Novantrone
Osmitrol
Pancuronium bromide
Pentam /Pentamidine isethionate
Perphenazine
Phenylephrine
Potassium acetate / Potassium chloride
Prograf
Promethazine
Propranolol HCL
Propofol
Ranitidine HCL
Recombinate
Sodium acetate
Sodium chloride
Solu-cortef / Hydrocortisone sodium succinate
Solu-medrol
Succinylcholine chloride
Taxotere
Thioplex / Thiotepa
Tobramycin sulfate / Tobramycin/sodium chloride

EXHIBIT B

Toposar

Travasol / Travasol with dextrose

Trelstar / Triptorelin pamoate

Vancocin / Vancocin HCL / Vancomycin / Vancomycin HCL

Verapamil HCL

Vinblastine sulfate

Vincasar / Vincristine / Vinscristine sulfate

Water for injection bacteriostatic

Zemplar

Zinc chloride

EXHIBIT C.1

**SHORT MAILED NOTICE TO CLASS 1 CONSUMERS WITH
PRE-PAID REPLY CARD**

* 1 2 3 4 5 6 7 8 *

Notice Administrator for U.S. District Court
PO Box XXXX
City, ST XXXXX

Legal Notice to Medicare Part B Recipients

If you made a percentage co-payment for certain drugs under Medicare Part B, you can get money back.

EXHIBIT C.2

**LONG FORM NOTICE TO CLASS 1 CONSUMERS WHO
RETURN REPLY CARD**

EXHIBIT C.2

Authorized by the U.S. District Court for the District of Massachusetts

**You May Be Able To Get Money Back,
If You Made a Percentage Co-Payment for
Certain Drugs Under Medicare Part B**

(from January 1, 1991 to January 1, 2005)

***Your legal rights are affected even if you do not act.
Read this notice carefully.***

What Is This About?

- You received this Notice because you replied to a previous letter indicating you made percentage co-payments for drugs under Medicare Part B.
- There is a Proposed Settlement of a class action lawsuit involving 11 drug manufacturers and over 200 drugs.
- This lawsuit is not about whether these drugs are safe or effective. This lawsuit is about the amount that you were charged for the drugs. The class action claims that customers paid too much for the drugs.
- The drug manufacturers have agreed to pay \$125 million to settle the class action. Approximately \$21.8 million will be available to pay consumer claims.
- The Defendants are Abbott Laboratories, Amgen Inc., Aventis Pharmaceuticals Inc., Hoechst Marion Roussel, Baxter Healthcare Corp., Baxter International Inc., Bayer Corporation, Dey, Inc., Fujisawa Healthcare, Inc., Fujisawa USA, Inc., Immunex Corporation, Pharmacia Corporation, Pharmacia & Upjohn LLC (f/k/a Pharmacia & Upjohn, Inc.), Sicom, Inc., Gensia, Inc., Gensia Sicom Pharmaceuticals, Inc., Watson Pharmaceuticals, Inc., and ZLB Behring, L.L.C.

- If you made a percentage co-payment for the covered drugs you can get money back. A percentage co-pay varies with the cost of the drug. A flat co-pay never varies; it's always the same no matter how much the drug costs.
- If you had supplemental insurance and you paid no co-payment or you paid only flat co-payments you cannot get a refund. If you had supplemental insurance but still paid percentage co-payments you can get money back.

What Drugs Are Covered By The Proposed Settlement?

A list of all of the drugs in the settlement is included on Attachment A. In addition, a list of the covered drugs that you were administered, along with dates of administration, is included as Attachment B. This information was provided by the Centers for Medicare and Medicaid Services ("CMS"). Please review the list for accuracy. Make sure all the drugs you made a percentage co-payment for are included. *Please note that CMS has not provided anyone involved in this case with your medical records.*

What Do I Need To Do To Receive A Payment?

If you responded to a previous mailing by returning the reply card and indicated that you paid percentage co-payments under Medicare Part B during the listed time period, you do not need to do anything more in order to receive a payment. The Claims Administrator will calculate how much you are entitled to from the Proposed Settlement based on information about your drug purchases provided by CMS.

However, we have included a list of the drugs that CMS records indicate you were administered along with the dates of administration as Attachment B. Please review the information on that list. If the list is accurate, you don't need to do anything more. If it is inaccurate for some reason, you should correct it, sign it where indicated and send it back to the Claims Administrator.

How Much Will I Get?

How much you receive from this Settlement depends on:

- The number of times that you paid a percentage co-payment for one of the drugs and the total amount paid,
- Which drug or drugs you made co-payments for, and
- The volume and amount of claims submitted by other Class Members.

What If I Made Percentage Co-Payments Under Private Insurance For Part Of The Time Period Covered By The Settlement?

If you made percentage co-payments under private insurance before you were covered by Medicare and it was between January 1, 1991 and March 1, 2008, you are covered as well. These payments are not reflected in the Attachment B (the list of drugs you were administered).

Call 1-xxx-xxx-xxxx for a form to fill out for a refund of the percentage co-payments under private insurance.

What Are My Legal Rights?

Decide whether to stay in the case. You can:

- Stay in the case and receive a check if the Court approves the Settlement, **OR**
- Exclude yourself and retain the right to sue the Defendants for the same claims.
- You can object to all or part of the Settlement, if you do not exclude yourself.

When Will I Get Paid?

The Court must approve the Proposed Settlement first. A Fairness Hearing will be held on Month Day Year for the Court to determine if the Proposed Settlement is fair, reasonable and adequate. Once the Court approves the Proposed Settlement an appeal period of 30 days begins to run. If appeals

are filed the appeals will need to be resolved before any money can be distributed.

A Summary of Your Rights and Choices:

You May:		Due Date:
<i>Do Nothing</i>	<i>Stay in the Class.</i> If you do nothing, you will be part of the Proposed Settlement. If you returned the signed postcard or you sign the attached drug list and return it, you will receive a check if the Court approves the Settlement. You will give up your rights to be part of any other lawsuit against the Defendants based on the legal claims in this lawsuit. See Question 7.	<u><i>N/A</i></u>
<i>Object or Comment</i>	If you do not exclude yourself, you can object or comment on all or part of the Proposed Settlement. See Question 10.	<u><i>Month Day, Year</i></u>
<i>Exclude Yourself</i>	<i>Get out of the Class</i> You can write and ask to get out of the Class and keep your right to sue the Defendants on your own about the claims in the lawsuit. See Question 9.	<u><i>Month Day, Year</i></u>

The attached notice explains the Proposed Settlement and your legal rights in detail. You should read the Notice to answer any questions. The above is only a summary.

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Chart Of Covered Drugs.....
Claim Form.....

Basic Information

1. Why Did I Get This Notice?

You were mailed this Notice because the Centers for Medicare and Medicaid Services (“CMS”) indicate that you were administered one or more of the covered drugs in this case between January 1, 1991 and January 1, 2005. ***Please note that CMS has not provided anyone involved in this case with your medical records.***

2. What Is The Lawsuit About?

The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456.

Average Wholesale Price (“AWP”) is a published price that has been used by public and private insurers to establish reimbursement rates for drugs. The lawsuit claims that Defendants reported false and inflated AWP’s for the drugs covered in this Proposed Settlement.

These reported AWP’s were used to set reimbursement amounts that were paid by Medicare and its beneficiaries and by private health insurers and consumers making percentage co-payments under private health insurance plans. The lawsuit asks the Court to award money damages to those who paid percentage co-payments for these drugs based on false and inflated AWP’s.

3. Why Is This A Class Action?

In a class action lawsuit, one or more people called “class representatives” sue on behalf of people who have similar claims. The people together are a “class” or “class members.” A court must determine if a lawsuit should proceed as a class action. If it does, a trial then decides the lawsuit for everyone in the class. Sometimes, the parties may settle without a trial.

The Parties here have agreed to a Proposed Settlement that includes:

- A national class of Medicare Part B beneficiaries who made percentage co-payments for the drugs at issue, and
- A national class of consumers who made percentage co-payments for these drugs under their private health insurance plans. **If you made any percentage co-payments between January 1, 1991, and March 1, 2008,**

under private insurance and when you were not covered under Medicare Part B, call toll-free 1-XXX-XXX-XXXX for a separate notice and claim form to fill out.

The Court has preliminarily approved this Proposed Settlement but will hold a Hearing to decide whether to grant final approval. (See Question 13.)

4. How Do I Know If I Am Included In The Proposed Settlement?

You are a member of one of the Classes if you made a percentage co-payment:

- Under Medicare Part B for any of the covered drugs listed in Attachment A from January 1, 1991, through January 1, 2005. You are also a member if you are obligated to make such a co-payment but have not done so.
- Through a private health insurance plan for covered drugs listed in Attachment A from January 1, 1991, through March 1, 2008, or remain obligated to make such a payment.

A spouse of a deceased class member who made such a co-payment or a legal representative of a deceased class member's estate may file a claim.

A percentage co-payment is a co-payment in which you pay a percentage of a drug's actual cost, which varies, as opposed to a "flat" co-payment that is a set amount each time you purchase a drug.

You are not a member of a Class if you made a flat co-payment or if insurance paid all of your co-payment.

IMPORTANT: *This is not a bill or a collection notice. The Court is not suggesting, requesting or requiring that you pay your doctor or pharmacist now or that you are obligated to do so.*

Benefits Of The Proposed Settlement – What You Get

5. What Does The Proposed Settlement Provide?

Defendants, collectively, will pay \$125 million to settle the lawsuit. 17.5% of the Settlement Fund will be available to pay consumers claims. 82.5% will be used to pay claims of Third-Party Payers (TPPs). TPPs include insurance companies, union health and welfare benefit plans, self-insured employers and other payers.

- Of the total Settlement Fund, \$21,863,888 will be available to pay consumers
- Of that amount, \$15,365,552 will be available to make payments to consumers for certain brand name drugs, and
- \$6,493,335 will be available to make payments to consumers for other (typically, generic) drugs.
- Of the total Settlement Fund, \$103,136,112 will be available to pay TPPs.

Certain fees and expenses will be deducted from these amounts prior to any distribution to Settlement Class Members.

All litigation costs will be paid from the \$125 million Settlement Fund. This includes: notice and administration costs, attorneys' fees and other expenses. It also includes compensation to the Settlement Class Representatives for time spent providing documents and testimony in connection with this case. The Court must approve all aspects of this Proposed Settlement.

Defendants deny any wrongdoing and the Proposed Settlement is not an admission of wrongdoing or an indication that any law was violated. Defendants have entered into the Proposed Settlement to avoid further expense and inconvenience.

6. What Do I Need to Do to Get A Payment?

You received this notice because you replied to a previous mailing and returned a card to the Claims Administrator indicating that you paid percentage co-payments under Medicare Part B at some time from January 1, 1991, to January 1, 2005.

You do not need to do anything more in order to receive a payment. The Claims Administrator will calculate how much you are entitled to from the Proposed Settlement based on information about your drug purchases provided by CMS.

We have included a list of the drugs that CMS records indicate you were administered along with the dates of administration. Please review the information on that list. If the list is accurate, you don't need to do anything more. If it is inaccurate for some reason, you can correct it, sign it and send it back to the Claims Administrator.

7. How Are Payments Determined?

How much you receive from this Proposed Settlement depends on:

- a) How much you paid in percentage co-payments for one of the drugs,
- b) Which drug or drugs you made co-payments for, and
- c) The volume and amount of claims submitted by other Settlement Class Members.

Your claim amount will be calculated by the Claims Administrator based on information obtained from CMS that shows your total out-of-pocket co-payment obligations under Medicare Part B for all Class Drugs during the Class Period.

For the following drugs (designated as Class A drugs) your total out-of-pocket co-payment obligations will be multiplied by a factor of three (3x) and will be added to your total out-of-pocket co-payment obligations for the other Class Drugs (designated as Class B drugs):

- Anzemet (injection & tablets)
- Aranesp
- Epogen
- Ferrlecit
- InFed
- Nulasta
- Nupogen

The sum of these two figures will constitute your “Total Recognized Claim” for purposes of determining your payment from the Settlement. If there is enough money based on the number of claims received, your payment will be 100% of your Total Recognized Claim. If there is not enough money to pay all consumers 100% of their Total Recognized Claims, each consumer’s claim will be reduced proportionately.

Excluding Yourself from the Proposed Settlement

8. What Do I Do if I Do Not Want to Be Included in the Proposed Settlement?

If you do not want to be in the Settlement Classes and you want to keep the right to sue Defendants about the same claims on your own, you must take steps to get out of the Settlement Classes. This is called excluding yourself.

By excluding yourself, you keep the right to file your own lawsuit or join another

lawsuit against Defendants about the claims in this lawsuit. (If you do not exclude yourself, you will be releasing AWP pricing-related claims against the Defendants and other Released Parties. You will not be releasing unrelated claims, such as product liability, breach of warranty, or personal injury claims. For further details, see “Getting More Information” below.)

If you exclude yourself from the Settlement Classes, you will not be able to file a claim for money and you will not be in the Proposed Settlement.

9. How Do I Exclude Myself from the Proposed Settlement?

To exclude yourself from the Class, you must send a letter signed by you that includes all of the following:

- Your name, address, and telephone number;
- The name and number of the lawsuit: *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456;
- If you have hired your own lawyer, the name, address, and telephone number of your lawyer; and
- A statement that you want to be excluded from the Settlement Classes.

Your exclusion letter must be mailed first class, **postmarked on or before [Month Date,] 2008**, to:

Track 2 AWP Settlement Administrator
c/o Complete Claim Solutions, LLC
P.O. Box xxx
West Palm Beach, FL 33416

Please remember that you cannot exclude yourself by calling or by sending an email.

Commenting on the Proposed Settlement

10. May I Object To, Or Comment On, The Proposed Settlement?

Yes. If you have comments about, or disagree with, any aspect of the Proposed Settlement, you may express your views to the Court. You must do this in writing. Your written response should include your name, address, telephone number and a brief explanation of your reasons for objection. The document **must** be signed to ensure the Court's review. The response must be postmarked no later than **Month, Day 2008** and mailed to:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

In addition, your document must clearly state that it relates to the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456. If you file or present an objection, you will be subject to the jurisdiction of the Court.

The Lawyers Representing You

11. Do I Have A Lawyer Representing My Interests In This Case?

Yes. The Court has appointed the following law firms to represent you and other Settlement Class Members:

Steve W. Berman
Sean R. Matt
Hagens Berman Sobol Shapiro LLP
www.hbsslaw.com
1301 Fifth Avenue, Suite 2900
Seattle, WA 98101

Ed Notargiacomo
One Main Street, 4th Floor
Cambridge, MA 02142

Mark Edelson
Edelson & Associates LLC
45 West Court Street
Doylestown, PA 18901

Jeffrey Kodroff
John Macoretta
Spector Roseman & Kodroff, PC
www.srk-law.com
1818 Market Street, Suite 2500
Philadelphia, PA 19103

Kenneth Wexler
Jennifer Connolly
Wexler Toriseva Wallace LLP
www.wtwlaw.us
One North LaSalle St., Suite 2000
Chicago, IL 60602

These lawyers are called Settlement Class Counsel. You won't be charged personally for these lawyers. Settlement Class Counsel will ask the Court to award them a fee of up to 33 1/3% of the Settlement Amount, plus interest. They will also ask the Court to reimburse the costs and expenses incurred in litigation of this matter.

Those fees and expenses will be paid out of the \$125 million Settlement Amount as will any reimbursement of litigation costs and expenses awarded by the Court. More information about Settlement Class Counsel and their experience is available at the Web sites listed above.

12. Should I Get My Own Lawyer?

You do not need to hire your own lawyer. However, if you want your own lawyer to speak for you or appear in Court, you must file a Notice of Appearance. (*See* Question 15.) Hiring a lawyer to appear for you in the lawsuit will be at your own expense.

The Court's Final Approval Hearing

13. When And Where Will The Court Decide On Whether To Grant Final Approval Of The Proposed Settlement?

The Court will hold a Final Approval Hearing on _____ at _____ to consider whether the Proposed Settlement is fair, reasonable and adequate. At the Hearing, the Court will decide whether to approve the Proposed Settlement and the request for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

Note: The Hearing may be postponed to a different date without additional notice. Updated information will be posted on the Track 2 AWP Settlement Web site at www.Track2AWPSettlement.com.

14. Must I Attend The Final Approval Hearing?

No. Attendance is not required, even if you properly mailed a written response. Class Counsel is prepared to answer the Court's questions on your behalf. If you or your personal attorney still want to attend the Hearing, you are more than welcome at your expense. However, it is not necessary that either of you attend. As long as the objection was postmarked before the deadline the Court will consider it.

15. May I Speak At The Final Approval Hearing?

Yes. If you or your own lawyer want to speak at the Final Approval Hearing instead of having Settlement Class Counsel speak for you, you must give the Court a paper that is called a "Notice of Appearance." The Notice of Appearance should include the name and number of the lawsuit, and state that you wish to enter an appearance at the Fairness Hearing. It also must include your name, address, telephone number and signature. Your "Notice of Appearance" **must** be postmarked no later than **Month Day 2008**. You cannot speak at the Hearing if you previously asked to be excluded from the Settlement Classes and are not submitting a claim form now.

The Notice of Appearance must be filed with the Court at the following address:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

The Notice of Appearance must be filed using the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456.

Getting More Information

16. Where Do I Obtain More Information?

More details are in the Complaint filed by Settlement Class Counsel, the Answers filed by Defendants, and the other legal documents that have been filed with the Court in this lawsuit. These documents include the Track Two Settlement Agreement and Release, which sets forth in greater detail the Settlement's provisions. You can look at and copy these legal documents at any time during regular office hours at the Office of the Clerk of Court, John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, Massachusetts 02210. or via the internet at www.Track2AWPSettlement.com,

In addition, if you have any questions about the lawsuit or this Notice, you may:

- Visit the Track 2 AWP Settlement Web site at www.Track2AWPSettlement.com
- Call toll free 1-xxx-xxx-xxxx (hearing impaired call 1-yyy-yyy-yyy)
- Write to: Track 2 AWP Settlement Administrator
c/o Complete Claim Solutions, LLC

P.O. Box 000000
West Palm Beach, FL 33416

[date]

EXHIBIT D.1

**SHORT FORM PUBLICATION NOTICE TO CLASS 3
CONSUMERS**

EXHIBIT D.1

If You Made a Percentage Co-Payment for Certain Drugs You May be Able to Get Money Back

Hundreds of drugs for cancer, HIV, asthma, allergies, infections, inflammation, pain, gastrointestinal, lung and blood issues, and many other conditions are included.

There is a proposed class action settlement with 11 drug manufacturers concerning hundreds of drugs. These drugs are used for the treatment of a wide range of medical conditions and they are often, but not always, injected in a doctor's office or clinic.

The class action lawsuit, *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456, is pending in the U.S. District Court for the District of Massachusetts.

What is the Class Action Lawsuit About?

The lawsuit claims that Defendants reported inflated the Average Wholesale Price ("AWP") of the drugs covered in this Proposed Settlement. The AWP is used to determine reimbursement costs and co-payments for most drugs. The Defendants deny any wrongdoing.

Who are Class Members?

- You are a member of the Class if you paid a percentage co-payment for any of the covered drugs from January 1, 1991 through March 1, 2008.

You cannot get a refund if you paid a flat co-payment. A percentage co-payment varies with the cost of the drug. A flat co-pay never varies; it's always the same no matter how much the drug costs. If you paid co-payments for these drugs through Medicare Part B you will receive notice directly by mail or you can call XXXXXXXX to receive a notice related to those co-payments.

What Are the Terms of the Proposed Settlement?

Defendants have agreed to pay \$125 million to settle the lawsuit. \$21.8 million will be paid to consumers who file valid claims. Consumers can get a minimum of \$35 simply by certifying they paid percentage co-payments. Or, they can estimate their out-of-pocket expenses and provide proof they paid percentage co-payments in order to receive more money from the Settlement. For some of the drugs, consumers will be paid three times their out-of-pocket expenses.

What should I do?

Get the complete information below and decide on your legal right to:

- Remain in the settlement and file a claim, object to or comment on all or part of the Settlement. If you stay in the Settlement you will be bound by the Court's rulings. You must file your claim by **Month Day, Year**.
- Exclude yourself and keep your right to sue the Defendants on your own. You must exclude yourself or object/comment in writing by **Month Day, Year**.

The Court has appointed Counsel to represent Settlement Class Members. If the Settlement is approved, the attorneys will request fees and expenses from the Proposed Settlement Fund. You can also hire your own attorney at your own cost.

The Court will determine whether to approve the Proposed Settlement at a Fairness Hearing on Month Day Year at Time x.m.

For a Notice of Proposed Class Action Settlement and a Claim Form

Call Toll-Free: _____ or Visit:

www.Track2AWPSettlement.com

**Or Write: Track 2 AWP Litigation Administrator, c/o Complete Claim
Solutions, LLC, P.O. Box _____, West Palm Beach, FL 33416**

EXHIBIT D.2

**LONG FORM NOTICE TO CLASS 3 CONSUMERS WITH
CLAIM FORM**

EXHIBIT D.2

Authorized by the U.S. District Court for the District of Massachusetts

**You May Be Able To Get Money Back,
If You Made a Percentage Co-Payment For
Certain Drugs**

(from January 1, 1991 to March 1, 2008)

***Your legal rights are affected even if you do not act.
Read this notice carefully.***

What Is This About?

- There is a Proposed Settlement of a class action lawsuit involving 11 drug manufacturers and over 200 drugs.
- This lawsuit is not about whether these drugs are safe or effective. This lawsuit is about the amount that you were charged for the drugs. The class action claims that customers paid too much for the drugs.
- The drug manufacturers have agreed to pay \$125 million to settle the class action. Approximately \$21.8 million will be available to pay consumer claims.
- The Defendants are Abbott Laboratories, Amgen Inc., Aventis Pharmaceuticals Inc., Hoechst Marion Roussel, Baxter Healthcare Corp., Baxter International Inc., Bayer Corporation, Dey, Inc., Fujisawa Healthcare, Inc., Fujisawa USA, Inc., Immunex Corporation, Pharmacia Corporation, Pharmacia & Upjohn LLC (f/k/a Pharmacia & Upjohn, Inc.), Sicom, Inc., Gensia, Inc., Gensia Sicom Pharmaceuticals, Inc., Watson Pharmaceuticals, Inc., and ZLB Behring, L.L.C.
- If you made a percentage co-payment for the covered drugs you can get money back. You cannot get a refund if you paid a flat co-payment. A percentage co-pay varies with the cost of the drug. A flat

co-pay never varies; it's always the same no matter how much the drug costs.

What Drugs Are Covered By The Proposed Settlement?

A complete list of the covered drugs is attached.

What Do I Need To Do To Receive A Payment?

Fill out the attached Claim Form in order to receive a check if the Court approves the Proposed Settlement. You have two options for receiving a payment.

- 1) Easy Refund Option. You must fill out Section ____ of the Claim Form certifying under penalty of perjury that you made one or more percentage co-payments for at least one of the covered drugs. If you choose this option you will receive up to \$35 from the Settlement. No further documentation is required.
- 2) Full Estimation Refund Option. You may fill out Section ____ of the Claim Form and estimate the total out-of-pocket expenses associated with each Class Drug for which you seek reimbursement. You will be required to provide one (1) proof that you were obligated to make a percentage co-payment for each drug.

How Much Will I Get?

How much you receive from this Settlement depends on:

- The number of times that you paid a percentage co-payment for one of the drugs and the total amount paid,
- Which drug or drugs you made co-payments for, and
- The volume and amount of claims submitted by other Settlement Class Members.

What If I Made Percentage Co-Payments Under Medicare Part B For Part Of The Time Period Covered By The Settlement?

If you made percentage co-payments under Medicare Part B and it was

between January 1, 1991 and January 1, 2005, you are covered as well. You should have received a separate notice in the mail related to these co-payments.

If you did not receive a separate notice by mail, call 1-xxx-xxx-xxxx for a form to fill out for a refund of the percentage co-payments under Medicare Part B.

What Are My Legal Rights?

Decide whether to stay in the case. You can:

- Stay in the case and fill out the attached Claim Form in order to receive a check if the Court approves the Settlement, **OR**
- Exclude yourself and retain the right to sue the Defendants for the same claims.
- You can object to all or part of the Settlement, if you do not exclude yourself.

When Will I Get Paid?

The Court must approve the Proposed Settlement first. A Fairness Hearing will be held on Month Day Year for the Court to determine if the Proposed Settlement is fair, reasonable and adequate. Once the Court approves the Proposed Settlement an appeal period of 30 days begins to run. If appeals are filed the appeals will need to be resolved before any money can be distributed.

A Summary of Your Rights and Choices:

You May:		Due Date:
-----------------	--	------------------

<i>File a Claim</i>	<p><i>File a Claim</i></p> <p>Fill out the attached Claim Form in order to receive a check if the Court approves the Settlement. If you file a claim or do nothing, you will be part of the Proposed Settlement. You will give up your rights to be part of any other lawsuit against the Defendants based on the legal claims in this lawsuit.</p> <p>See Question 6.</p>	<u><i>N/A</i></u>
<i>Object or Comment</i>	<p>If you do not exclude yourself, you can object or comment on all or part of the Proposed Settlement.</p> <p>See Question 10.</p>	<u><i>Month Day, Year</i></u>
<i>Exclude Yourself</i>	<p><i>Get out of the Class</i></p> <p>You can write and ask to get out of the Class and keep your right to sue the Defendants on your own about the claims in the lawsuit.</p> <p>See Question 8.</p>	<u><i>Month Day, Year</i></u>

The attached notice explains the Proposed Settlement and your legal rights in detail. You should read the Notice to answer any questions. The above is only a summary.

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Basic Information

1. Why Did I Get This Notice?

You were mailed this Notice because you requested it after seeing a notice about this case in a publication, on a Web site or on television.

2. What Is The Lawsuit About?

The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456.

The Average Wholesale Price (“AWP”) is the published price used to establish reimbursement rates for drugs. The lawsuit claims that Defendants reported false and inflated AWP’s for the drugs covered in this Proposed Settlement.

These reported AWP’s were used to set reimbursement amounts that were paid by Medicare and its beneficiaries and by private health insurers and consumers making percentage co-payments under private health insurance plans. The lawsuit asks the Court to award money damages to those who paid percentage co-payments for these drugs based on false and inflated AWP’s.

3. Why Is This A Class Action?

In a class action lawsuit, one or more people called “class representatives” sue on behalf of people who have similar claims. The people together are a “class” or “class members.” A court must determine if a lawsuit should proceed as a class action. If it does, a trial then decides the lawsuit for everyone in the class. Sometimes, the parties may settle without a trial.

The Parties here have agreed to a Proposed Settlement that includes:

- A national class of consumers who made percentage co-payments for these drugs under their private health insurance plans, and
- A national class of Medicare Part B beneficiaries who made co-payments for the drugs at issue. **If you made any percentage co-payments under Medicare Part B, you should have received a separate notice and claim instructions by mail. If you did not, call toll-free 1-XXX-XXX-XXXX for a separate notice and claim form to fill out.**

The Court has preliminarily approved this Proposed Settlement but will hold a Hearing to decide whether it should be finally approved. (See Question 13.)

4. How Do I Know If I Am Included In The Proposed Settlement?

Generally, you are a member of one of the Settlement Classes if you made a percentage co-payment:

- Through a private health insurance plan for covered drugs listed in Attachment X from January 1, 1991 through March 1, 2008 or became obligated to make such a payment.
- Under Medicare Part B for any of the covered drugs listed in Attachment X from January 1, 1991 through January 1, 2005. You are also a member if you are obligated to make such a co-payment but have not done so.

A spouse of a deceased class member who made such a co-payment or a legal representative of a deceased class member's estate may file a claim.

A percentage co-payment is a co-payment in which you pay a percentage of a drug's actual cost, which varies, as opposed to a "flat" co-payment that is a set amount each time you purchase a drug.

You are not a member of a Settlement Class if you only made a flat co-payment or if insurance paid all of your co-payment.

IMPORTANT: *This is not a bill or a collection notice. The Court is not suggesting, requesting or requiring that you pay your doctor or pharmacist now or that you are obligated to do so.*

Benefits Of The Proposed Settlement – What You Get

5. What Does The Proposed Settlement Provide?

Defendants, collectively, will pay \$125 million to settle the lawsuit. 17.5% of the Settlement Fund will be available to pay consumers claims. 82.5% will be used to pay claims of Third-Party Payers (TPPs). TPPs include insurance companies, union health and welfare benefit plans, self-insured employers and other payers.

- Of the total Settlement Fund, \$21,863,888 will be available to pay consumers

- Of that amount, \$15,365,552 will be available to make payments to consumers for drugs identified as Class A on Attachment X, and
- \$6,493,335 will be available to make payments to consumers for drugs identified as Class B on Attachment X.
- Of the total Settlement Fund, \$103,136,112 will be available to pay TPPs.

Certain fees and expenses will be deducted from these amounts prior to any distribution to class members.

All litigation costs will be paid from the \$125 million settlement amount. This includes: notice and administration costs, attorneys' fees and other expenses. It also includes compensation to the named class representatives for time spent providing documents and testimony in connection with this case. The Court must approve all aspects of this Proposed Settlement.

Defendants deny any wrongdoing and the Proposed Settlement is not an admission of wrongdoing or an indication that any law was violated. Defendants have entered into the Proposed Settlement to avoid further expense and inconvenience.

6. What Do I Need to Do to Get A Payment?

In order to receive a payment from the Settlement you must fill out the attached claim form and return it by DAY MONTH, 2008 to the Claims Administrator.

As provided for on the claim form, you have two options in order to receive a payment:

- 1) Easy Refund Option: If you choose this option you will receive up to \$35 from the Settlement.

In order to receive this payment you must fill out Section X of the claim form certifying under penalty of perjury that you made one or more percentage co-payments for at least one Class Drug during the Class Period. No further documentation must be submitted unless requested by the Claims Administrator.

- 2) Full Estimation Refund Option: If you choose this option you will receive an amount that is based on your actual out-of-pocket expenditures for the Class Drugs.

In order to receive this payment you must fill out Section X of the claim form. You must provide an estimate of your total out-of-pocket expenditures for each Class Drug for which you seek reimbursement. You must also provide one proof of purchase for each drug showing that you were obligated to make a payment for that drug. A list of the acceptable proof is set out in Section X of the claim form.

7. How Are Payments Determined?

Your payment will be calculated as follows:

- 1) If you choose the Easy Refund, your claimed amount will be set at \$35.00.
- 2) If you choose the Full Estimation Refund, your claimed amount will be based on your estimated out-of-pocket expenditures for all Class Drugs. Your expenditures for those drugs designated as Class A will be multiplied by three (3x) and will be added to your out of pocket expenditures for Class B drugs. The total amount will be your claimed amount.
- 3) If there is enough money in the Settlement all consumers will be paid 100% of their claimed amount. If the total amount claimed exceeds the amount available to pay claims, each consumer's claim will be reduced proportionately.

Excluding Yourself from the Proposed Settlement

8. What Do I Do If I Do Not Want to Be Included in the Proposed Settlement?

If you don't want to be in the Settlement Classes and you want to keep the right to sue Defendants about the same claims on your own, you must take steps to get out of the Settlement Classes. This is called excluding yourself.

By excluding yourself, you keep the right to file your own lawsuit or join another lawsuit against Defendants about the claims in this lawsuit. (If you do not exclude yourself, you will be releasing AWP pricing-related claims against the Defendants and other Released Parties. You will not be releasing unrelated claims, such as product liability, breach of warranty, or personal injury claims. For further details, see "Getting More Information" below.)

If you exclude yourself from the Settlement Classes, you will not be able to file a claim for money and you will not be in the Proposed Settlement.

9. How Do I Exclude Myself from the Proposed Settlement?

To exclude yourself from the Class, you must send a letter signed by you that includes all of the following:

- Your name, address, and telephone number;
- The name and number of the lawsuit: *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456;
- If you have hired your own lawyer, the name, address, and telephone number of your lawyer; and
- A statement that you want to be excluded from the Settlement Classes.

Your exclusion letter must be mailed first class, **postmarked on or before [Month Date,] 2008**, to:

Track 2 AWP Settlement Administrator
c/o Complete Claim Solutions, LLC
P.O. Box xxx
West Palm Beach, FL 33416

Please remember that you cannot exclude yourself by calling or by sending an email.

Commenting on the Proposed Settlement

10. May I Object To, Or Comment On, The Proposed Settlement?

Yes. If you have comments about, or disagree with, any aspect of the Proposed Settlement, you may express your views to the Court. You must do this in writing. Your written response should include your name, address, telephone number and a brief explanation of your reasons for objection. The document **must** be signed to ensure the Court's review. The response must be postmarked no later than **Month, Day 2008** and mailed to:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

In addition, your document must clearly state that it relates to the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456. If you file or present an objection, you will be subject to the jurisdiction of the Court.

The Lawyers Representing You

11. Do I Have A Lawyer Representing My Interests In This Case?

Yes. The Court has appointed the following law firms to represent you and other Settlement Class Members:

Steve W. Berman
Sean R. Matt
Hagens Berman Sobol Shapiro LLP
www.hbsslaw.com
1301 Fifth Avenue, Suite 2900
Seattle, WA 98101

Jeffrey Kodroff
John Macoretta
Spector Roseman & Kodroff, PC
www.srk-law.com
1818 Market Street, Suite 2500
Philadelphia, PA 19103

and

Ed Notargiacomo
One Main Street, 4th Floor
Cambridge, MA 02142

Kenneth Wexler
Jennifer Connolly
Wexler Toriseva Wallace LLP
www.wtwlaw.us
One North LaSalle St., Suite 2000
Chicago, IL 60602

Mark Edelson
Edelson & Associates LLC
45 West Court Street
Doylestown, PA 18901

These lawyers are called Settlement Class Counsel. You will not be charged personally for these lawyers. Settlement Class Counsel will ask the Court to award them a fee of up to 33 1/3% of the Settlement Amount, plus interest. They will also ask the Court to reimburse the costs and expenses incurred in litigation of this matter.

Those fees and expenses will be paid out of the \$125 million Settlement Amount as will any reimbursement of litigation costs and expenses awarded by the Court. More information about Settlement Class Counsel and their experience is available at the Web sites listed above.

12. Should I Get My Own Lawyer?

You do not need to hire your own lawyer. However, if you want your own lawyer to speak for you or appear in Court, you must file a Notice of Appearance. (*See*

Question 15.) Hiring a lawyer to appear for you in the lawsuit will be at your own expense.

The Court's Final Approval Hearing

13. When And Where Will The Court Decide On Whether To Grant Final Approval Of The Proposed Settlement?

The Court will hold a Final Approval Hearing on _____ at _____ to consider whether the Proposed Settlement is fair, reasonable and adequate. At the Hearing, the Court will decide whether to approve the Proposed Settlement and the request for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

Note: The Hearing may be postponed to a different date without additional notice. Updated information will be posted on the Track 2 AWP Settlement Web site at www.Track2AWPSettlement.com.

14. Must I Attend The Final Approval Hearing?

No. Attendance is not required, even if you properly mailed a written response. Class Counsel is prepared to answer the Court's questions on your behalf. If you or your personal attorney still want to attend the Hearing, you are more than welcome at your expense. However, it is not necessary that either of you attend. As long as the objection was postmarked before the deadline the Court will consider it.

15. May I Speak At The Final Approval Hearing?

Yes. If you or your own lawyer want to speak at the Final Approval Hearing instead of having Settlement Class Counsel speak for you, you must give the Court a paper that is called a "Notice of Appearance." The Notice of Appearance should include the name and number of the lawsuit, and state that you wish to enter an appearance at the Fairness Hearing. It also must include your name, address, telephone number and signature. Your "Notice of Appearance" **must** be postmarked no later than **Month Day 2008**. You cannot speak at the Hearing if you previously asked to be excluded from the Proposed Settlement Classes and are not submitting a claim form now.

The Notice of Appearance must be filed with the Court at the following address:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

The Notice of Appearance must be filed using the following Civil Action Number:
01-CV-12257-PBS, MDL No. 1456

Getting More Information

16. Where Do I Obtain More Information?

More details are in the Complaint filed by Settlement Class Counsel, the Answers filed by Defendants, and the other legal documents that have been filed with the Court in this lawsuit. These documents include the Track Two Settlement Agreement and release, which sets forth in great detail the Settlement's provisions. You can look at and copy these legal documents at any time during regular office hours at the Office of the Clerk of Court, John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, Massachusetts 02210, or via the internet at www.xxxxxxx.com

- Visit the Track 2 AWP Settlement Web site at www.Track2AWPSettlement.com
- Call toll free 1-xxx-xxx-xxxx (hearing impaired call 1-yyy-yyy-yyyy)
- Write to: Track 2 AWP Settlement Administrator
c/o Complete Claim Solutions, LLC
P.O. Box 000000
West Palm Beach, FL 33416

[date]

**TRACK TWO AWP
SETTLEMENT CLAIM FORM
FOR PAYMENTS MADE OUTSIDE OF MEDICARE PART B**

How to Apply for a Payment from the Proposed Settlement

If you would like to submit a claim in the Settlement,
complete this form and mail it to the address below.

YOUR CLAIM MUST BE POSTMARKED BY MONTH 00, 0000

Your claim should be mailed to:

AWP Track Two Settlement Administrator
c/o Complete Claims Solutions, LLC
P.O. Box 000000
West Palm Beach, FL 33416

Section A: Claimant Identification

Please provide us with the following information related to the individual who was prescribed one or more of the Class Drugs. This person is referred to as the "Claimant."

Claimant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Daytime Telephone Number: (____) ____ - ____

Section B: Claimant Representative Information

If you are the Claimant, do not complete this section. Complete this section only if you are a representative (such as a spouse, guardian, executor or personal representative) filing this claim on behalf of the Claimant listed above. Please provide YOUR name, relationship to the claimant, and YOUR contact information in the spaces provided below.

Contact Name: _____ Relationship to Patient: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: (____) ____ - ____

Section C: Should I file a Claim Form?

Please answer the following questions in order to determine if the Claimant is eligible for cash from the proposed Settlement:

1. Were you, or the Claimant that you are filing on behalf of, prescribed any of the drugs listed in Exhibit B of the Notice during the period from January 1, 1991 to March 1, 2008? ☐ Yes ☐ No
2. Did you, or the Claimant that you are filing on behalf of, pay a percentage of the cost of the drug(s)? ☐ Yes ☐ No

Note: If you paid a flat co-payment (i.e., your out-of-pocket expense was always the same for every drug, like a \$10 or \$25 co-pay) you did not pay a percentage of the cost.

If you answered **No** to any of the questions above, you are not eligible to receive any benefits from this proposed settlement. You may disregard this Notice and Claim Form. If you answered **Yes** to both of these questions, you should fill out Sections D, Section E and Section G below.

SECTION D: Choose a Refund Option – You Have Two Options

Please check one of the boxes below in order to choose your refund option:

- ☐ **Option 1:** I choose the **EASY REFUND** option. I understand that I will receive a payment of up to \$35.00 from the Settlement and that I will not be required to provide additional documentation unless requested by the Claims Administrator.
- ☐ **Option 2:** I choose the **FULL REFUND** option. I understand that in order to receive a full refund I must provide one form of proof of a percentage co-payment for each separate Class Drug listed on the chart in Section D for which I am seeking a refund. The list of acceptable forms of proof are listed below in Section F under "Option 2: FULL REFUND." Please include all proof(s) of payment when submitting this Claim Form.

Section E: Drug Purchase Information – Fill Out ONLY if you chose Option 2 – FULL REFUND**Instructions for Completing the Out-of-Pocket Expenditures on Class A & B Drugs Chart**

- A. In the Out-of-Pocket Expenditures on Class A & B Drugs Chart below, please provide the total amount paid (not monthly) by the Claimant, or the amount the Claimant is obligated to pay, for each of the drugs listed, during the period from January 1, 1991 to March 1, 2008.
- Print clearly
 - Do not include flat co-payments in the total amounts paid
 - Enter the full amount paid, not a monthly amount
- B. For example, if you made a percentage co-payment for Drug A 6 times for \$18 each, please print \$108 for the Amount.

Out-of-Pocket Expenditures on Class A Drugs Chart	
Drug Name	Total Amount Paid From January 1, 1991 to March 1, 2008
Anzemet (injection & tablets)	\$
Aranesp	\$
Epogen	\$
Ferrlecit	\$
InFed	\$
Neulasta	\$
Neupogen	\$

Out-of-Pocket Expenditures on Class B Drugs Chart	
Drug Name	Total Amount Paid From January 1, 1991 to March 1, 2008
AccuNeb	\$
Acetylcysteine	\$
Acyclovir sodium	\$
Adenosine	\$
Adriamycin PFS/RFS	\$
Adrucil	\$
Aggrastat	\$
Albuterol sulfate	\$
Alcohol injection	\$
A-methapred	\$
Amikacin sulfate	\$
Aminocaproic acid	\$
Aminosyn / Aminosyn II / Amino acid	\$
Aristocort / Aristospan	\$
Aromasin	\$
Ativan	\$

Out-of-Pocket Expenditures on Class B Drugs Chart	
Drug Name	Total Amount Paid From January 1, 1991 to March 1, 2008
Azmacort	\$
Bebulin	\$
Bioclalte	\$
Bleomycin sulfate	\$
Brevibloc	\$
Buminate	\$
Bupivacaine	\$
Calcijex	\$
Calcimar	\$
Camptosar / Irinotecan hydrochloride	\$
Carbocaine / Mepivacaine	\$
Cefizox	\$
Chromium tr meta / Chromic chloride	\$
Cimetidine hydrochloride	\$
Cipro / Ciprofloxacin hydrochloride	\$
Cisplatin	\$
Claforan	\$
Cleocin T / Clindamycin phosphate	\$
Copper trace / Cupric chloride	\$
Cromolyn sodium	\$
Cytosar-U / Cytarabine	\$
Depo provera / Medroxyprogesterone acetate	\$
Depo-testosterone / Testosterone cypionate	\$
Dexamethasone acetate /Dexamethasone sodium / Dexamethasone sodium phosphate	\$
Dextrose / Dextrose sodium chloride / Ringers lactated with dextrose	\$
Diazepam	\$
Dicarbazine (dtic – dome)	\$
Diltiazem hydrochloride	\$
Dopamine hydrochloride	\$
Doxorubicin / Doxorubicin hydrochloride	\$
DTIC Dome	\$
Eligard	\$
Ellence / Epirubicin HCL	\$
Enalaprilat	\$
Enbrel	\$
Epinephrine	\$
Erythromycin / Erythromycin base	\$
Estradiol	\$
Etoposide	\$
Famotidine	\$

Out-of-Pocket Expenditures on Class B Drugs Chart	
Drug Name	Total Amount Paid From January 1, 1991 to March 1, 2008
Fentanyl citrate	\$
Fluorouracil	\$
Fluphenazine HCL	\$
Furosemide	\$
Gamimune N / Gammagard / Gammagard S/D / Gammar / Gammar P.I.V.	\$
Gentamicin sulfate	\$
Gentran / Gentran NACL	\$
Glycopyrrolate	\$
Helixate / Helixate FS	\$
Heparin / Heparin lock flush / Heparin sodium	\$
Humate-P	\$
Hydromorphone	\$
Idamycin / Idarubicin hydrochloride	\$
Imipramine HCL	\$
Intal	\$
Ipratropium bromide	\$
Iveegam	\$
Ketorolac / Ketorolac tromethamine	\$
Kineret	\$
Koate- HP	\$
Kogenate	\$
Labetalol	\$
Lasix	\$
Leucovorin calcium	\$
Leukine	\$
Levofloxacin	\$
Lidocaine hydrochloride	\$
Liposyn II / Fat emulsion	\$
Lorazepam	\$
Lovenox	\$
Lyphocin	\$
Magnese chloride	\$
Magnesium sulfate	\$
Mannitol	\$
Marcaine	\$
Medrol / Methylprednisolone	\$
Metaproterenol sulfate	\$
Methotrexate sodium	\$
Metoclopramide	\$
Midazolam hydrochloride	\$
Mithracin	\$
Monoclate / Monoclate-P	\$
Mononine	\$

Out-of-Pocket Expenditures on Class B Drugs Chart	
Drug Name	Total Amount Paid From January 1, 1991 to March 1, 2008
Morphine sulfate	\$
Nadolol	\$
Nalbuphine	\$
Nebupent	\$
Neosar / Cyclophosphamide	\$
Neostigmine methylsulfate	\$
Novacaine / Procaine	\$
Novantrone	\$
Osmitrol	\$
Pancuronium bromide	\$
Pentam /Pentamidine isethionate	\$
Perphenazine	\$
Phenylephrine	\$
Potassium acetate / Potassium chloride	\$
Prograf	\$
Promethazine	\$
Propranolol HCL	\$
Propofol	\$
Ranitidine HCL	\$
Recombinate	\$
Sodium acetate	\$
Sodium chloride	\$
Solu-cortef / Hydrocortisone sodium succinate	\$
Solu-medrol	\$
Succinylcholine chloride	\$
Taxotere	\$
Thioplex / Thiotepa	\$
Tobramycin sulfate / Tobramycin/	\$
Toposar	\$
Travasol / Travasol with dextrose	\$
Trelstar / Triptorelin pamoate	\$
Vancocin / Vancocin HCL / Vancomycin /	\$
Verapamil HCL	\$
Vinblastine sulfate	\$
Vincasar / Vincristine / Vinscristine sulfate	\$
Water for injection bacteriostatic	\$
Zemplar	\$
Zinc chloride	\$

SECTION F: Proof of Payment – Provide ONLY if you chose Option 2 – FULL REFUND

If you chose Option 2, you must provide proof that you made a percentage co-payment for each of the covered drugs you are claiming in the table in Section E above. You only need to provide one form of proof for each of the drugs.

Any one of the following are acceptable as proof of a percentage co-payment for one of the Class Drugs:

- (1) A receipt, cancelled check, or credit card statement that shows a payment for one of the drugs (other than a flat co-payment); or
- (2) A letter from a doctor saying that he or she prescribed one of the drugs and you paid part of the cost of one of the drugs (other than a flat co-payment) at least once.
- (3) An EOB (explanation of benefits) from your insurer that shows you made or are obligated to make percentage co-payments for prescriptions.
- (4) A notarized statement signed by you indicating you paid or are obligated to pay a percentage co-payment for prescriptions between January 1, 1991 through March 1, 2008, including the total of all percentage co-payments for the drugs during the time period.
- (5) Records from your pharmacy showing that you made percentage co-payments for the drugs purchased between January 1, 1991 though March 1, 2008.

SECTION G: Sworn Statement Regarding Payments Made

I declare under penalty of perjury that the information provided here is, to the best of my knowledge, correct. I also declare under penalty of perjury that I paid a percentage co-pay for one or more of the drugs as indicated in this claim form at some time during the period from January 1, 1991 through March 1, 2008. If not submitting this for myself, I am authorized to submit this form on behalf of the patient identified above because I am the spouse of a deceased patient or the legal representative of a deceased patient's estate.¹

Signature

Date

Mail all pages of this claim form along with proof(s) of payment to the following address:

Track Two AWP Settlement Administrator
c/o Complete Claim Solutions, LLC
P.O. Box XXXX
West Palm Beach, FL 33416

Toll-Free Telephone: X-XXX-XXX-XXXX

www.website.com

¹ Please note that your signature on this Claim Form indicates that you declare, under penalty of perjury, that you (or someone on whose behalf you are acting) made a percentage co-payment for one or more of the drugs at some time during the Class Period. As a result, providing false information on this Claim Form could constitute perjury.

EXHIBIT E.1

LONG FORM NOTICE TO TPPS WITH CLAIM FORM

EXHIBIT E.1

Authorized by the U.S. District Court for the District of Massachusetts

**If You Are A Third-Party Payor And Made
Reimbursements For Certain Drugs,
You May Be Able To Receive a Substantial Payment
From A Proposed Class Action Settlement**

Summary of Proposed Settlement

- There is a Proposed Class Action Settlement with various drug manufacturers (“Defendants”) concerning the drugs listed in Attachment A.
- The name of the lawsuit is *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456 (D. Mass.).
- The lawsuit claims that Third Party Payors (“TPPs”) who reimbursed any portion of their insureds’ Medicare Part B co-payment or who reimbursed for these drugs outside of Medicare Part B based on the “average wholesale price” (“AWP”) paid more than they should have for these drugs.
- The lawsuit claims the AWP reported by Defendants for the listed drugs was false and inflated. AWP’s were used to set the amount Medicare Part B and most private insurers reimbursed for these drugs. The Defendants deny any wrongdoing and are settling to avoid the burden and expense of continued litigation.
- The Defendants are Abbott Laboratories, Amgen Inc., Aventis Pharmaceuticals Inc., Hoechst Marion Roussel, Baxter Healthcare Corp., Baxter International Inc., Bayer Corporation, Dey, Inc., Fujisawa Healthcare, Inc., Fujisawa USA, Inc., Immunex Corporation, Pharmacia Corporation, Pharmacia & Upjohn LLC (f/k/a Pharmacia & Upjohn, Inc.), Sicor, Inc., Gensia, Inc., Gensia Sicor Pharmaceuticals, Inc., Watson Pharmaceuticals, Inc., and ZLB Behring, L.L.C.
- Defendants have agreed to pay \$125 million to settle claims of TPPs as well as consumers who made percentage co-payments based on AWP.
- Under the terms of Settlement, 82.5% will be used to satisfy the claims of TPPs who file claims as well as the claims of certain Independent Settling Health Plans (“ISHPs”).

The remaining 17.5% of the total Settlement amount will be set aside exclusively to satisfy the claims of consumers.

- Generally speaking, you are a member of one of the Settlement Classes:
 - If you reimbursed any portion of an insured's Medicare Part B co-payment for any of these drugs from January 1, 1991 through January 1, 2005; or
 - If you made reimbursements outside of Medicare Part B for any of these drugs from January 1, 1991 through March 1, 2008.

***Your Legal Rights Are Affected Even If You Do Not Act.
Read This Notice Carefully.***

What This Notice Contains

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Attachment A: List of Class Drugs

Attachment B: Track Two Settlement Claim Form

Basic Information

1. Why Did I Get This Notice?

You were mailed this Notice because records indicate you are a TPP who may provide pharmaceutical coverage for your insureds. Or, you may have requested this Notice after seeing the Summary Notice in a publication.

2. What Is The Lawsuit About?

The lawsuit claims that Defendants reported false and inflated AWP's for the drugs at issue in this case. The lawsuit claims that the reported AWP's were used to set reimbursement amounts that were paid by Medicare and its beneficiaries and to set the reimbursement by private health insurers and consumers making percentage co-payments under private health insurance plans. The lawsuit asks the Court to award money damages to TPPs who made reimbursements under Medicare Part B for the drugs at issue or who reimbursed outside of Medicare Part B based on AWP.

Defendants deny any wrongdoing and the Proposed Settlement is not an admission of wrongdoing or an indication that any law was violated. Defendants have entered into the Proposed Settlement to avoid further expense and inconvenience.

3. Why Is This A Class Action?

In a class action lawsuit, one or more people called "class representatives" sue on behalf of people who have similar claims. The people together are a "class" or "class members." A court must determine if a lawsuit should proceed as a class action. If it does, a trial then decides the lawsuit for everyone in the class. Sometimes, the parties may settle without a trial.

The Parties here have agreed to a Proposed Settlement that includes a national class of TPPs who reimbursed, or incurred obligations to reimburse, any portion of a Medicare Part B co-payment for the drugs at issue. The Proposed Settlement also includes a national class of TPPs who made reimbursements for these drugs outside of Medicare Part B based on AWP. The Court has preliminarily approved this Proposed Settlement but will hold a Hearing to decide whether it should be finally approved. (See Question 13.)

4. How Do I Know If I Am Included In The Proposed Settlement?

Generally speaking, you are a member of one of the Settlement Classes if you reimbursed (or incurred an obligation to reimburse) any portion of an insured's Medicare Part B co-payment for any of these drugs from January 1, 1991 through January 1, 2005; or you made (or incurred an obligation to make) reimbursements

outside of Medicare Part B for any of these drugs from January 1, 1991 through March 1, 2008. You do not need to do anything to become part of one of these Settlement Classes, **but you must complete the Claim Form in order to be able to receive money.**

Benefits Of The Proposed Settlement – What You Get

5. What Does The Proposed Settlement Provide?

Defendants, collectively, will pay \$125 million to settle the lawsuit. This amount is meant to satisfy the claims of both TPPs who meet the criteria for inclusion in one of the two Settlement Classes as well as claims by consumers who made percentage copayments based on the published AWP. All costs associated with notice and administration, attorneys' fees and litigation costs, and compensation to the named class representatives for time spent providing documents and testimony in connection with this case will be paid from the \$125 million settlement amount. The Court must approve all aspects of this Proposed Settlement.

Under the Agreement, 82.5% of the net settlement amount will be designated to satisfy the claims of TPPs including the claims of certain ISHPs who have agreed to settle their claims against Defendants. The remaining 17.5% of the net settlement amount will be designated for the purpose of paying consumer claims.

6. How Do I File A Claim?

Attached to this Notice is a Claim Form. ***You must fill out the Claim Form and submit it to the Claims Administrator, postmarked by MONTH DAY, YEAR, and addressed to:***

Track 2 AWP Litigation Administrator
c/o Complete Claim Solutions, LLC
P.O. Box _____
West Palm Beach, FL 33416

As part of your claim, you must provide the backup information and certifications requested on the Claim Form.

7. How Are Payments Determined?

How much you receive from this Proposed Settlement depends on the volume and amount of claims submitted by other TPP Settlement Class Members.

- TPP Settlement Class Members are required to provide the amount of reimbursements for certain drugs at issue from January 1, 2003 to December 31,

2003. This one-year period will be used determine the portion of the Settlement Amount that will be paid to each TPP submitting valid claims.

- TPP Settlement Class Member's portion of the Settlement Amount will be based upon their reimbursements for seven (7) of the Covered Drugs identified as Class A drugs in the Proposed Settlement.
- If total valid TPP Settlement Class Member claims, as well as the claims of ISHPs, exceed the total portion of the settlement set aside to satisfy the claims of TPPs and ISHPs, all TPP and ISHP claims will be reduced proportionately.

Excluding Yourself from the Settlement

8. What If I Do Not Want to Be Included in the Proposed Settlement?

If you do not want to be in the Settlement Classes and you want to keep the right to sue Defendants about the same claims on your own, you must take steps to get out of the Settlement Classes. This is called excluding yourself.

By excluding yourself, you keep the right to file your own lawsuit or join another lawsuit against Defendants about the claims in this lawsuit. (If you do not exclude yourself, you will be releasing AWP pricing-related claims against the Defendants and other Released Parties. You will not be releasing unrelated claims, such as product liability, breach of warranty, or personal injury claims. For further details, see "Getting More Information" below.)

If you exclude yourself from the Settlement Classes, however, you will not be able to file a claim for money and you will not be included in the Proposed Settlement.

9. How Do I Exclude Myself from the Settlement?

You can exclude yourself from the Settlement by sending a letter that includes all of the following:

- Your name, address, and telephone number;
- The name and number of the lawsuit: *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456;
- If you have hired your own lawyer, the name, address, and telephone number of your lawyer; and
- A statement that you want to be excluded from the Settlement Classes.

Your letter requesting exclusion must be mailed first class, **postmarked on or before [Month Date,] 2008**, to:

Track 2 AWP Settlement Administrator
c/o Complete Claim Solutions, LLC
P.O. Box xxx
West Palm Beach, FL 33416

Please remember that you cannot exclude yourself by calling or by sending an email.

Objecting to or Commenting on the Proposed Settlement

10. May I Object To, Or Comment On, the Proposed Settlement?

Yes. If you have comments about, or disagree with, any aspect of the Proposed Settlement, you may express your views to the Court through a written response to the Proposed Settlement. The written response should include your name, address, telephone number and a brief explanation of your reasons for objection. The document **must** be signed to ensure the Court's review. The response must be postmarked no later than **Month, Day 2008** and mailed to:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

In addition, your document must clearly state that it relates to the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456. If you object to or comment on the Proposed Settlement, you will be subject to the jurisdiction of the Court.

The Lawyers Representing You

11. Do I Have A Lawyer Representing My Interests In This Case?

Yes. The Court has appointed the following law firms to represent you and other Class Members:

Steve W. Berman
Sean R. Matt
Hagens Berman Sobol Shapiro LLP
www.hbsslaw.com
1301 Fifth Avenue, Suite 2900

Jeffrey Kodroff
Spector Roseman & Kodroff, PC
www.srk-law.com
1818 Market Street, Suite 2500
Philadelphia, PA 19103

Seattle, WA 98101

and

Ed Notargiacomo
One Main Street, 4th Floor
Cambridge, MA 02142

Marc Edelson
Edelson & Associates LLC
45 West Court Street
Doylestown, PA 18901

Kenneth Wexler
Wexler Toriseva Wallace LLP
www.wtwlaw.us
One North LaSalle St., Suite 2000
Chicago, IL 60602

These lawyers are called Settlement Class Counsel. You will not be charged personally for these lawyers, but they will ask the Court to award them a fee of up to 33 1/3 % of the Settlement Amount, plus interest. In addition, Settlement Class Counsel will request reimbursement of the expenses and costs associated with litigation of this case. The fee will be paid out of the \$125 million Settlement Amount as will any reimbursement of litigation costs and expenses awarded by the Court. More information about Settlement Class Counsel and their experience is available at the Web sites listed above.

12. Should I Get My Own Lawyer?

You don't need to hire your own lawyer. However, if you want your own lawyer to speak for you or appear in Court, you must file a Notice of Appearance. (*See* Question 15.) If you hire a lawyer to appear for you in this case, that will be at your own expense.

The Court's Final Approval Hearing

13. When And Where Will The Court Decide On Whether To Grant Final Approval Of The Proposed Settlement?

The Court will hold a Final Approval Hearing on _____ at _____ to consider whether the Proposed Settlement is fair, reasonable and adequate. At the Hearing, the Court will decide whether to approve the Proposed Settlement and the request for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

Note: The Hearings may be postponed to a different date without additional notice. Updated information will be posted on the Track 2 AWP Settlement Web site at www.Track2AWPSettlement.com.

14. Must I Attend The Final Approval Hearing?

No. Attendance is not required, even if you properly mailed a written response. Settlement Class Counsel is prepared to answer the Court's questions on your behalf. If you or your personal attorney still want to attend the Hearing, you are more than welcome at your expense. However, it is not necessary that either of you attend. As long as the objection was postmarked before the deadline, the Court will consider it.

15. May I Speak At The Final Approval Hearing?

Yes. If you want your or your own lawyer instead of Settlement Class Counsel to speak at the Final Approval Hearing, you must give the Court a paper that is called a "Notice of Appearance." The Notice of Appearance should include the name and number of the lawsuit, and state that you wish to enter an appearance at the Fairness Hearing. It also must include your name, address, telephone number and signature.

Your "Notice of Appearance" **must** be postmarked no later than **Month Day 2008**. You cannot speak at the Hearing if you previously asked to be excluded from the Proposed Settlement Classes and are not submitting a claim form now.

The Notice of Appearance must be filed with the Court at the following address:

Clerk of Court
John Joseph Moakley U.S. Courthouse
1 Courthouse Way, Suite 2300
Boston, Massachusetts 02210

The Notice of Appearance must be filed using the following Civil Action Number: 01-CV-12257-PBS, MDL No. 1456

Getting More Information

16. Where Do I Obtain More Information?

More details are in the Complaint filed by Settlement Class Counsel, the Answers filed by Defendants, and the other legal documents that have been filed with the Court in this lawsuit. These documents include the Track Two Settlement Agreement and Release, which sets forth in great detail the Settlement's provisions. You can look at and copy these legal documents at any time during regular office

hours at the Office of the Clerk of Court, John Joseph Moakley U.S. Courthouse, 1 Courthouse Way, Suite 2300, Boston, Massachusetts 02210, or via the internet at www.xxxxxxx.

In addition, if you have any questions about the lawsuit or this Notice, you may:

- Visit the Track 2 AWP Settlement Web site at www.Track2AWPSettlement.com
- Call toll free 1-xxx-xxx-xxxx (hearing impaired call 1-yyy-yyy-yyyy)
- Write to: Track 2 AWP Settlement Administrator, c/o Complete Claim Solutions, LLC, P.O. Box 000000, West Palm Beach, FL 33416.

[date]

Attachment A – List of Class A Drugs and HCPCS Codes

[TO BE ADDED]

[In re: *Pharmaceutical Industry Average Wholesale Price Litigation For Official Use Only*]
Docket No. 01-CV-12257 PBS, MDL No. 1456

TRACK II SETTLEMENT THIRD-PARTY PAYOR CLAIM FORM

To get a share of the Settlement Fund you need to complete and sign this Claim Form and mail it postmarked by **Month 00, 0000** to Track Two AWP Settlement Administrator, c/o Complete Claim Solutions, LLC, P.O. **Box 00000**, West Palm Beach, FL 33416.

The information you provide will be kept confidential and will be used only for administering this settlement. If you have any questions please call the Settlement Administrator at **1-800-000-0000**.

A TPP Settlement Class Member ("Class Member") or an authorized agent can complete this Claim Form. If both a Class Member and its authorized agent submit a Claim Form, the Settlement Administrator will only consider the Class Member's Claim Form. The Settlement Administrator may request supporting documentation. The claim may be rejected if any requested documentation is not provided.

If one or more Class Members has authorized you to submit a Claim Form on its behalf, you must provide the information requested in Section B in addition to the other information requested by this Claim Form. You may submit a separate Claim Form for each Class Member that has duly authorized you to do so, OR you may submit one Claim Form for all such Class Members that have authorized you to do so. If you are submitting Claim Forms both on your own behalf as a Class Member AND on behalf of one or more Class Members that have authorized you to do so, you should submit one Claim Form for yourself and another Claim Form for the other Class Member(s). **Do not submit a Claim Form on behalf of any Class Member without specific prior authorization from that Class Member.**

SECTION A – CLAIMANT IDENTIFICATION

Please indicate whether you are claiming on your own behalf as a Class Member or as the authorized agent of one or more Class Members by placing an "X" in the appropriate space below. If you wish to make a claim as a Class Member *and also* as the authorized agent of other Class Members, please complete one Claim Form for your claim as a Class Member and a separate Claim Form for those Class Members for whom you are authorized to submit a claim:

☐ I am the Class Member

☐ I am filing as the Authorized Agent of a Class Member**

** As Authorized Agent, please check how your relationship with the Class Member is best described:

☐ Third Party Administrator (other than a Pharmacy Benefits Manager)

☐ Pharmacy Benefits Manager

☐ Other (Explain): _____

SECTION B – CLASS MEMBER OR AGENT INFORMATION

Class Member's/Authorized Agent's Name

Street Address

Floor/Suite

City

State

Zip Code

(_____) _____
Area Code – Telephone Number

(_____) _____
Area Code – Fax Number

Class Member's/Authorized Agent's Tax Identification Number

If you file as a Class Member, list other names by which you have been known or other FEINs you have used from January 1, 1991 through March 1, 2008.

If you are filing as the Class Member, check the term below that best describes your company/entity:

☐ Health Insurance Company/HMO

☐ Self-Insured Employee Health Plan

☐ Self-Insured Union Health & Welfare Fund

☐ Other (Explain): _____

SECTION C – CLAIM BY AUTHORIZED AGENT

Please list the Federal Employer Identification Number and the name of every Class Member for whom you have been duly authorized to submit this Claim Form (attach additional sheets to this proof of claim as necessary). Alternatively, you may submit the requested list of Class Member names and FEINs in an acceptable electronic format. Please contact the Settlement Administrator to determine what formats are acceptable.

SECTION D – TOTAL AMOUNT OF TRACK TWO DRUG PURCHASES

For the Class Member on whose behalf you are submitting a claim, state the total and final amount paid or reimbursed, net of rebates, chargebacks, co-pays, and/or co-insurance for each Track Two Drug set out in the chart below with a date of service or date of fill from January 1, 2003 to December 31, 2003. If you are claiming more than \$300,000 you will need to provide additional information (*See* Section F):

<u>Drug Name</u>	<u>MediGap TPP Class</u> <u>January 1, 2003 –</u> <u>December 31, 2003</u>	<u>Private Payer TPP Class</u> <u>January 1, 2003 –</u> <u>December 31, 2003</u>
Aranesp		\$
Epogen		\$
Neupogen		
Neulasta		\$
Anzemet		\$
Ferrlecit		\$
Infed		\$
Total \$		

Claimant certifies that the figures are true and accurate and are based upon actual records maintained by or otherwise available to the claimant.

SECTION E – JURISDICTION OF THE COURT AND CERTIFICATION

By signing below, I hereby swear and affirm that: (1) I have authority to submit this Claim Form either directly or on behalf of the Class Member or as its Authorized Agent, and, in turn, have been given the authority to submit this Claim Form by each Class Member identified in this Claim Form and in any attachments to it, and to receive on behalf of each such Class Member any and all amounts that may be allocated from the TPP Settlement Pool to such Class Member;

(2) the information contained in this Claim Form and any attachments hereto is true and accurate, based on records maintained by or otherwise available to me; (3) I, the Authorized Agent (if any), and the Class Member on whose behalf this Claim Form is submitted, hereby submit to the jurisdiction of the United States District Court for the District of Massachusetts (the "Court") for all purposes associated with this Claim Form and the Settlement, including resolution of disputes relating to this Claim Form; (4) in the event that amounts from the TPP Settlement Pool are distributed to the Authorized Agent of a Class Member, and the Class Member later claims that the Authorized Agent did not have the authority to claim and receive such amounts on its behalf, the Authorized Agent, I, and/or my employer will hold the Class, counsel for the Class, Defendants, Counsel for Defendants, and the Settlement Administrator harmless with respect to any claims made by said Class Member.

Signature

Position

Print Name

Month/Day/Year

The following information is to be provided by the Individual that signs and certifies this Claim Form: I am filing this Claim Form as the authorized employee of the following Class Member or Authorized Agent for Class Member:

Name of Individual's Employer

Business Address

City

State

Zip Code

 ()

Area Code – Telephone Number

 ()

Area Code – Fax Number

E-mail Address

Mail the completed Claim Form to the address listed on the reverse side, postmarked by **Month 00, 0000**

SECTION F – CLAIM DOCUMENTATION INSTRUCTIONS

If you are claiming less than \$300,000 of total purchases of all Track Two Drugs for the 2003 period, you do not need to attach any additional information. However, even if your purchase amount is less than \$300,000, you should retain the information required for claims over \$300,000 because any claim may be audited.

If you are claiming \$300,000 or more of total purchases of all Track Two Drugs you must provide documentation with your Claim Form to have your claim considered by the Settlement Administrator. Attached is a mock spreadsheet reflecting the required data fields necessary for your participation as a TPP Class Member. Please provide the required data fields as presented in the attached mock spreadsheet, for all paid claims with a date of service or date of fill between January 1, 2003 to December 31, 2003 net of co-pay deductibles or co-insurance. Please provide this data along with the Claim Form to the Settlement Administrator no later than **Month 00, 0000**:

1. J-Code or NDC Number – provide the applicable J-Code or NDC Number for each transaction. A list of J-Codes and NDC Numbers is attached.
2. Patient Identifier – provide a random encrypted patient identification number. This number must consistently reflect the same patient.
3. Age – the difference between date of birth and date of service (or date of fill), rounded to the nearest year.
4. Service and/or Fill Date – we expect service date will be available for J-Code entries and fill date will be available for NDC entries. Please include both if they are available.
5. Group Number – provide the group number assigned to each transaction. As part of the auditing process, you may be asked to provide the corresponding group name for each group number. Only the Settlement Administrator will have access to this information.
6. Amount Billed – billed charges or the initial amount billed by the provider or providers before any adjustments.
7. Net Amount Paid – final amount paid for each discrete transaction, net of co-pays, deductibles, co-insurance, and any other credits and adjustments after initial payment.

OTHER INFORMATION

- If you are able, please provide units for each transaction.
- Finally, please provide a list of all self-funded healthcare plans (“SFPs”) for which you are authorized to make a claim.
- All information you provide is subject to the protective order governing this action.

EXHIBIT E.2

SHORT FORM PUBLICATION NOTICE TO TPPS

EXHIBIT E.2

**Third-Party Payors Who Made Reimbursements
For Certain Drugs**

**May Be Able To Receive Substantial Payments
From A Proposed Class Action Settlement**

There is a Proposed Class Action Settlement with 11 drug manufacturers (“Defendants”) concerning certain branded and generic drugs that are covered by Medicare Part B. These drugs are used primarily, but not exclusively, in the treatment of cancer and are often injected. For a list of the drugs and the Defendants go to www.Track2AWPSettlement.com.

The class action lawsuit, *In re: Pharmaceutical Industry Average Wholesale Price Litigation*, Docket No. 01-CV-12257-PBS, MDL No. 1456, is pending in the U.S. District Court for the District of Massachusetts.

What Is The Class Action Lawsuit About?

The lawsuit claims that Third-Party Payors (“TPPs”) who reimbursed for these drugs based on the Average Wholesale Price (“AWP”) paid more than they should have. The lawsuit claims the AWP reported by Defendants for the listed drugs was false and inflated. These Defendants deny any wrongdoing and are settling to avoid the burden and cost of additional litigation.

Who Are Class Members?

Generally, you are a member of the Class if:

- You paid or reimbursed any portion of an insured’s Medicare Part B co-payment for any of these drugs from January 1, 1991 through January 1, 2005.
- You made reimbursements outside of Medicare Part B for any of these drugs from January 1, 1991 through March 1, 2008.

What Are The Terms Of The Proposed Settlement?

Defendants have agreed to pay \$125 million to settle the lawsuit. All costs associated with notice, claims administration, and attorneys’ fees for the litigation will be paid from the Settlement Fund. Of the remaining amount of the Settlement Fund, 82.5% is designated for TPP claims and 17.5% is designated for consumer claims. The Court must

approve the distribution of the Settlement and the amount of fees and costs to be paid to the attorneys for the Class.

Who Represents Me?

The Court has appointed attorneys to represent the Class. You may hire your own attorney, if you wish. However, you will be responsible for that attorney's fees and expenses.

What Are My Legal Rights?

- If you remain in the Class you can file a claim. The Claim Form is available on the website listed below and must be signed and postmarked no later than _____.
- **To exclude yourself from the Settlement**, you must send a letter that is mailed and postmarked no later than _____, **2008**, as outlined in the *Notice of Proposed Class Action Settlement*. If you exclude yourself you keep the right to file your own lawsuit about the claims in this lawsuit but you will not be able to file a claim for money in the settlement.
- **You can remain in the Class but tell the Court if you do not like this Proposed Settlement** or some part of it. To object or comment, you must send a letter that is mailed and postmarked no later than _____, **2008**, as outlined in the *Notice of Proposed Class Action Settlement*.

Will The Court Approve The Proposed Settlement?

The Court will hold a Final Approval Hearing on _____ at _____ **.m.** to consider whether the Proposed Settlement is fair, reasonable, and adequate and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at that time.

For a Notice of Proposed Class Action Settlement and a Claim Form

Call Toll-Free: _____ **or Visit:**

www.Track2AWPSettlement.com

Or Write: Track 2 AWP Litigation Administrator, c/o Complete Claim Solutions, LLC, P.O. Box _____, West Palm Beach, FL 33416

EXHIBIT F

EXECUTIVE SUMMARY OF NOTICE PROGRAM

EXHIBIT F



KINSELLA / NOVAK
COMMUNICATIONS, LLC

**AWP TRACK II
NOTICE PROGRAM
EXECUTIVE SUMMARY**

*IN RE: PHARMACEUTICAL INDUSTRY
AVERAGE WHOLESALE PRICE LITIGATION*

DOCKET No. 01-CV-12257-PBS,
MDL No. 1456

UNITED STATES DISTRICT COURT FOR
THE DISTRICT OF MASSACHUSETTS

2120 L STREET, NW | SUITE 205 | WASHINGTON, DC 20037

PHONE: 202.686.4111 | FAX: 202.293.6961 | EMAIL: info@kinsella-novak.com | [HTTP://WWW.KINSELLA-NOVAK.COM](http://www.kinsella-novak.com)

THE ART & SCIENCE OF LEGAL NOTIFICATION

OVERVIEW OF NOTICE AND CLAIMS PROCESS AWP TRACK II SETTLEMENT

Outlined in this executive summary is the notice and claims process recommended for this Proposed Settlement.

- Notice to Third-Party Payors will be similar to previous AWP cases. The process including extensive direct mail and published notice is detailed in the attached Notice Program.
- Notice to the Medicare Part B Consumers, will be vastly different and more simplified than previous notice programs in related AWP cases. It is anticipated that this simplified process will enable these Class Members to participate at higher levels than in previous cases.
- Notice to Consumers who are not identifiable, and therefore, must be reached through other means, will include a comprehensive integration of paid and non-paid media including cable television, Internet, print publications, widespread press outreach and outreach to third-party-organizations (consumer and medical). A simplified claims process will allow easier participation.

WHY A DIFFERENT APPROACH TO MEDICARE PART B CONSUMERS?

- Claims rates for these Class Members have been low in previous AWP cases and it is the desire of all parties to increase Class participation.
- Forty-one percent of Medicare Part B Recipients are 75 years of age and older. They require a much simpler notice and claims procedure.
- The AWP Settlements are very complicated and the detail can be overwhelming to an older consumer. Despite previous notices written in plain language at lower reading levels, Professor McGovern's study indicated that at least 30% of the individuals surveyed in the GSK Settlement did not understand the Settlement.
- The mailing lists from the Centers for Medicare and Medicaid Services ("CMS") are enormously over-inclusive. It is believed that only 15% to 20% of the individuals who purchased the covered drugs are Class Members. The cost of mailing a traditional formal long form notice to millions of non-Class Members is enormous. It is also confusing to those not in the Class.

MEDICARE PART B NOTICE PROGRAM

PRE-NOTICE MAILER

Because of the over-inclusive nature of the CMS data, a simpler Pre-Notice will be sent to Medicare Part B Consumers.

- The Pre-Notice is a self-mailer with a return postcard. The purpose is to allow Class Member to self-identify as percentage co-payers. This is intended to weed out non-Class Members and allow a focus on those in the Class.
- The Pre-Notice type is large and the text is limited to the essential facts. It asks these consumers to identify themselves if they paid all or part of the percentage co-payment for the covered drugs. It also asks them to sign under penalty of perjury that this is true.
- Telephone information will be requested for follow-up purposes.
- Upon receipt of the postcard the Claims Administrator will send out the Medicare long form notice with a pre-printed list of drugs that were administered to each Medicare Part B recipient. If the list is correct, the recipients do nothing more. If the list is not correct, recipients are asked to make the changes to the Claims Administrator.
- If they do not opt out, a check will be sent to them if the Settlement is approved.

ADVANTAGES TO THIS PROCESS

- It provides information about this complex Settlement that is easier to understand through a simple two-part process instead of expecting older consumers to wade through a long notice before really getting to the essential information.
- It allows Class Member to self-identify for purposes of follow-up support in the claims filing process
- It is not only very likely to be more effective, it could save up to \$4 million in mailing costs even with multiple mailings based on mailing five million Medicare Part B Recipients.

CONSUMER NOTICE PROGRAM

WHY A DIFFERENT APPROACH FOR PRIVATE-PAYOR CONSUMERS?

Notice to Private-Payor Consumers poses unique challenges. The issues involved include:

- No identifiable Class Members for purposes of direct mail.
- Over 200 covered drugs covering an enormous number of medical conditions. The names of the drugs are not readily recognizable to catch a Class Member's attention.
- The Settlement and the underlying litigation are complex.
- Consumer claims-filing rates need to be improved.

NOTICE DESIGN

- Notice design is simple with limited but essential text. The long form includes an executive summary to cut through the detail. The published notice and other notices will call attention to the types of medical conditions for which the drugs were administered.

CLAIMS PROCESS

- An easy refund option of \$35 requires only certification for taking one of the covered drugs. For Consumers with more extensive claims, they only need to show one proof of purchase for each drug. These options are designed to permit maximum participation with a minimum of effort.

OUTREACH TO PRIVATE-PAYOR CONSUMERS

The outreach designed for this Notice Program takes into consideration both the need to provide measurable due process notice and the need to stimulate claims filing.

The outreach is robust and integrated using both paid and non-paid efforts to reach private-payor consumers as well as to target those Class Members through outreach focused in health-related media. All forms of major media are being used, supported by press and organizational outreach.

Paid Media

The paid media program includes expanded outreach using:

- Cable television.
- Internet advertising:
 - ❖ Over 800 general Web sites.
 - ❖ 5 Health Web Networks.
 - ❖ 3 HIV Web sites.
- Print publications:
 - ❖ General mass reach publications including specific magazines to reach Hispanics and African-Americans.
 - ❖ Seven health-targeted publications related to arthritis, allergies/asthma, cancer, diabetes, HIV and stroke.

Non-Paid Media

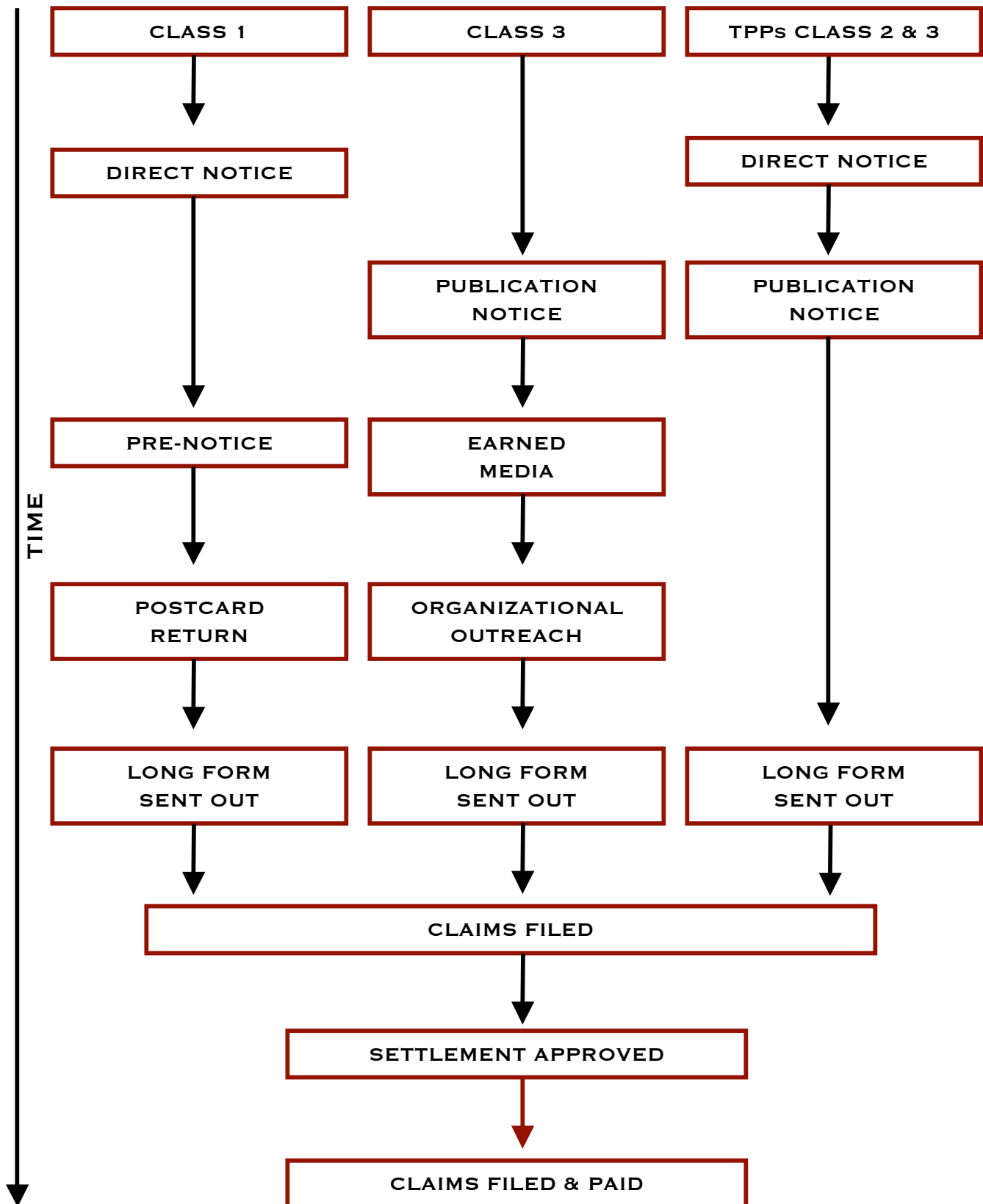
- Press Release sent to Health and Consumer Reporters at approximately 4,500 English-language media outlets and 4,000 English-language Web sites.
- Press Release sent to health and consumer reporters and/or news editors at approximately 6,300 daily and community newspapers via a blast email/fax service.
- Press Release sent to approximately 2,300 Spanish-language media outlets and 110 Spanish-language Web sites.
- Press Release sent to selected senior magazines.
- Follow-up calls to top circulating newspapers will be made to encourage usage.

- An Audio News Release, a pre-produced 60-second scripted story, will be provided to radio news outlets nationally with guaranteed usage on numerous outlets.
- Follow-up calls will be placed to selected media outlets to encourage participation.
- Clipping and monitoring reports will be provided to track press coverage.

Organizational Outreach

- Outreach to health and consumer organizations will consist of sending related materials to identified organizations, requesting that they disseminate information about the Proposed Settlement to their constituencies.

AWP TRACK II NOTICE AND CLAIMS FILING FLOWCHART



AWP TRACK II

OVERVIEW OF NOTICE PROGRAM ELEMENTS

PAID MEDIA PROGRAM ELEMENTS

TARGET AUDIENCE

THE PUBLISHED NOTICE PROGRAM WILL BE MEASURED AGAINST THE FOLLOWING MRI TARGETS:

- ADULTS 35 YEARS OF AGE OR OLDER
- ADULTS 18 YEARS OF AGE OR OLDER

MEDIA COMPONENTS

CABLE TELEVISION

TELEVISION HAS THE ABILITY TO REACH A WIDE NUMBER OF TARGET AUDIENCE MEMBERS WITH AN IMMEDIATE AND INTRUSIVE MESSAGE. THE COMBINATION OF AUDIO AND VISUAL MESSAGE DELIVERY INCREASES THE MESSAGE IMPACT. VIEWERS CAN QUICKLY ASCERTAIN IF THE MESSAGE IS IMPORTANT AND IF SO, DECIDE TO RESPOND. CABLE TELEVISION OFFERS THE OPPORTUNITY TO DIRECT THE MESSAGE AT A MORE TARGETED, NICHE AUDIENCE BY PLACING SPOTS IN PROGRAMMING THAT IS RELEVANT TO THE ADVERTISING MESSAGE.

NAME	UNIT	TIME FRAME	ESTIMATED UNITS
CABLE	:30 SPOT	2 WEEKS	154

INTERNET

24/7 IS A NETWORK OF WEB SITES THAT DELIVERS IMPRESSIONS TO HUNDREDS OF SPECIFIC INTERESTS WEB SITE CHANNELS SUCH AS HEALTH, TRAVEL AND WOMEN'S INTERESTS. THE BANNER ADS ON THE NETWORK TO REACH A LARGE PERCENTAGE OF THE TARGET AUDIENCE.

NAME	UNIT	SIZE	TIME FRAME	IMPRESSIONS
24/7 NETWORK	BANNERS	728x90	6 WEEKS	261,000,000

NATIONAL NEWSPAPERS

NATIONAL NEWSPAPERS DELIVER A TIMELY MESSAGE AND SERVE AS A SOURCE FOR CURRENT NEWS AND INFORMATION TO READERS THROUGHOUT THE COUNTRY.

NAME	CIRCULATION	USES	UNIT TYPE	UNIT DIMENSIONS
NEW YORK TIMES	1,037,828	1	1/4-PAGE	5-7/10" x 10-1/2"
USA TODAY	2,220,254	1	1/4-PAGE	5-11/16" x 10-1/2"

HEALTH TARGETED PUBLICATIONS

HEALTH TARGETED PUBLICATIONS HAVE AN EDITORIAL THAT IS FOCUSED TOWARDS CONSUMERS LIVING WITH SPECIFIC DISEASES. CONTENT FOCUSES ON TREATMENT, RESEARCH AND OTHER RELEVANT INFORMATION TO THOSE AFFECTED BY THE DISEASE.

NAME	CIRCULATION	USES	UNIT TYPE	UNIT DIMENSIONS
ARTHRITIS TODAY	770,000	1	FULL-PAGE	7" x 9-3/4"
ALLERGIES & ASTHMA HEALTH MONITOR	410,000	1	FULL-PAGE	7-1/2" x 10-1/2"
COPING WITH CANCER	90,000	1	FULL-PAGE	7-1/8" x 9-13/16"
DIABETES FORECAST	445,000	1	FULL-PAGE	7-1/4" x 10-1/8"
HIV PLUS	150,000	1	FULL-PAGE	7" x 9-3/4"
STROKE SMART	100,000	1	FULL-PAGE	7" x 9-7/8"
POZ MAGAZINE	112,440	1	FULL-PAGE	7-1/2" x 10"

HEALTH TARGETED INTERNET

INTERNET SITES THAT PROVIDE INFORMATION ON A WIDE RANGE OF HEALTH AND MEDICAL SUBJECTS.

NAME	UNIT	SIZE	TIME FRAME	IMPRESSIONS
HEALTHLINE NETWORK	BANNER	728 x 90, 300 x 250 OR 160 x 600	6 WEEKS	5,000,000
EVERYDAY HEALTH NETWORK	BANNER	728 x 90, 300 x 250 OR 160 x 600	6 WEEKS	1,300,000 (200,000 TARGETED DIRECTLY TO CANCER RELATED SITES)
POZ.COM AND AIDSMEDS.COM	BANNER	728 x 90, 300 x 250 OR 160 x 600	6 WEEKS	200,000
THEBODY.COM	BANNER	728 x 90 OR 160 x 600	6 WEEKS	200,000

CONSUMER MAGAZINES

CONSUMER MAGAZINES REACH A HIGH PERCENTAGE OF THE TARGET AUDIENCE AND PROVIDE APPEALING EDITORIAL ENVIRONMENTS.

AWP TRACK II

OVERVIEW OF NOTICE PROGRAM ELEMENTS

PAID MEDIA PROGRAM ELEMENTS (CONTINUED)

NAME	CIRCULATION	USES	UNIT TYPE	UNIT DIMENSIONS
<i>JET</i>	900,000	1	FULL-PAGE	4-5/8" x 6-7/8"
<i>NEWSWEEK</i>	2,600,000	1	2/3-PAGE	4-1/2" x 10"
<i>PEOPLE</i>	3,450,000	1	FULL-PAGE	7" x 10"
<i>PEOPLE EN ESPANOL</i>	515,000	1	FULL-PAGE	7" x 10"
<i>READER'S DIGEST</i>	8,000,000	1	FULL-PAGE	4-3/4" x 6-3/4"
<i>US NEWS & WORLD REPORT</i>	1,500,000	1	2/3-PAGE	4-1/2" x 10"

NEWSPAPER SUPPLEMENTS

PARADE AND USA WEEKEND, INSERTS KNOWN AS NEWSPAPER SUPPLEMENTS, ARE CARRIED IN WEEKEND OR WEEKLY EDITIONS OF 1024 NEWSPAPERS REACHING EVERY MEDIA MAJOR MARKET IN THE COUNTRY (EIGHT NEWSPAPERS CARRY MORE THAN ONE SUPPLEMENT). THESE MAGAZINES, PUBLISHED ON NEWSPRINT, CONTAIN ARTICLES WRITTEN FOR BROAD, GENERAL APPEAL AND THEY ENCOURAGE READERSHIP THROUGH BREVITY. ISSUES ARE TYPICALLY LESS THAN 30 PAGES. THEY PROVIDE COVERAGE IN ALL 50 STATES AND THE DISTRICT OF COLUMBIA.

➤ PARADE IS CARRIED IN THE SUNDAY EDITION OF 416 DAILY NEWSPAPERS AND IS THE HIGHEST CIRCULATING MAGAZINE IN THE U.S. WITH AN ESTIMATED CIRCULATION OF 32,200,000. CARRIER NEWSPAPERS SERVE MAJOR URBAN AND SUBURBAN MARKETS IN THE U.S.

➤ USA WEEKEND IS INSERTED IN THE WEEKEND EDITION OF 608 DAILY NEWSPAPERS WITH AN ESTIMATED CIRCULATION OF 23,000,000. IT APPEARS IN MAJOR MARKETS AS WELL AS, NUMEROUS SUBURBAN AREAS COMPLEMENTING THE U.S. MARKETS SERVED BY PARADE.

NAME	CIRCULATION	USES	UNIT TYPE	UNIT DIMENSIONS
<i>PARADE</i>	32,200,000	1	2/5-PAGE	5-5/8" x 7-1/4"
<i>USA WEEKEND</i>	23,000,000	1	DIGEST-PAGE	5-5/8" x 7-3/8"

TRADE PUBLICATIONS (TPP FOCUSED)

NAME	CIRCULATION	USES	UNIT TYPE	UNIT DIMENSIONS
<i>HR MAGAZINE</i>	213,141	1	FULL-PAGE	8" x 10-7/8"
<i>NATIONAL UNDERWRITER LIFE AND HEALTH</i>	50,206	1	FULL-PAGE	7" x 10"

PAID MEDIA PROGRAM DELIVERY

TARGET	ESTIMATED REACH	ESTIMATED FREQUENCY
ADULTS 35+	85.3%	2.2
ADULTS 18+	80.1%	2.0

NON-PAID MEDIA PROGRAM ELEMENTS

EARNED MEDIA OUTREACH

PRESS OUTREACH TARGETING ALL CONSUMERS

ENGLISH-LANGUAGE PRESS RELEASE

PRESS RELEASE DEVELOPMENT AND DISTRIBUTION TO CONSUMER AND HEALTH CARE REPORTERS REACHING APPROXIMATELY 4,000 MEDIA OUTLETS AND 4,000 WEB SITES.

PRESS RELEASE DISTRIBUTION TO HEALTH AND CONSUMER REPORTERS AND/OR EDITORS OF ALL DAILY AND COMMUNITY NEWSPAPERS IN THE U.S. WITH AN ESTIMATED CIRCULATION OVER 2,500.

SPANISH-LANGUAGE PRESS RELEASE

PRESS RELEASE DISTRIBUTION TO APPROXIMATELY 2,300 SPANISH-LANGUAGE MEDIA OUTLETS AND 110 SPANISH-LANGUAGE WEB SITES.

AUDIO NEWS RELEASE

A 60-SECOND SCRIPTED, VOICE-TRACKED STORY WILL BE PRODUCED AND DISTRIBUTED TO MORE THAN 2,000 RADIO STATIONS NATIONWIDE.

PRESS OUTREACH TARGETING SENIORS

PRESS RELEASE

PRESS RELEASE DEVELOPMENT AND DISTRIBUTION TO OVER 150 MAGAZINES TARGETING SENIORS.

MONITORING REPORTS

CLIPPING AND MONITORING REPORTS WILL BE PROVIDED TO TRACK PRESS COVERAGE.

PRESS FOLLOW-UP

FOLLOW-UP CALLS WILL BE PLACED TO SELECTED MEDIA OUTLETS ENCOURAGING PARTICIPATION.

AWP TRACK II
OVERVIEW OF NOTICE PROGRAM ELEMENTS

NON-PAID MEDIA PROGRAM ELEMENTS (CONTINUED)

ORGANIZATIONAL OUTREACH

OUTREACH TO HEALTH AND CONSUMER ORGANIZATIONS

OUTREACH TO HEALTH AND CONSUMER ORGANIZATIONS WILL CONSIST OF SENDING RELATED MATERIALS TO IDENTIFIED ORGANIZATIONS, REQUESTING THAT THEY DISSEMINATE INFORMATION ABOUT THE PROPOSED SETTLEMENT TO THEIR CONSTITUENCIES.